

## PART B - FEE(S) TRANSMITTAL

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50855 7590 06/01/2009

Tyco Healthcare Group LP  
60 MIDDLETOWN AVENUE  
NORTH HAVEN, CT 06473

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<i>Erika Edwards</i>	(Depositor's name)
<i>Erica Edwards</i>	(Signature)
<i>August 14, 2009</i>	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/529,800	03/30/2005	David C Racenet	2863(203-3511)	5353

TITLE OF INVENTION: TOOL ASSEMBLY FOR SURGICAL STAPLING DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/01/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
LOPEZ, MICHELLE	3721	227-181100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).	1 _____
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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

Tyco Healthcare Group LP

Norwalk, CT

## (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are submitted:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
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## 4b. Payment of Fee(s). (Please first reapply any previously paid issue fee shown above)

- A check is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 21-0550 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature

Typed or printed name

Kimberly V. Perry

Date 8/1/09

Registration No. 43612

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